



IFW 3761

Atty. Docket No. COR21 P302

CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

03-13-06  
Date

Catherine M. Updegraff  
Catherine M. Updegraff

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3761  
Examiner : K. Lewis  
Applicant : Adrian L. Faasse, Jr.  
Appln. No. : 10/071,713  
Filing Date : February 7, 2002  
Confirmation No. : 3238  
For : MEDICAL ADHESIVE DRESSING

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

03/17/2006 EAYALEW1 00000008 10071713  
01 FC:2252 225.00 0P

Dear Sir:

Enclosed is a Reply Under 37 C.F.R. §1.111. The items checked below are appropriate:

  x   Applicants hereby petition for a two-month extension of time to respond to the above Office Action. The fee of \$225.00 for the Extension is enclosed.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	34	Minus	40	= 0	x \$ 25	\$ 0.00	X \$ 50	\$ 0.00
Independent Claims	9	Minus	9	= 0	x \$100	\$ 0.00	X \$200	\$ 0.00
First Presentation of Multiple Dependent Claims \$180						\$ 0.00	X \$360	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0.00		\$ 0.00

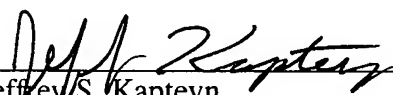
Applicant : Adrian L. Faasse, Jr.  
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- ☒ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.
- ☐ No additional fee is required.
- ☐ A fee of \$\_.00 to cover the cost of the additional claims added by this response is enclosed.
- ☒ A fee of \$225.00 to cover Petition for Extension of Time is enclosed.
- ☐ A check in the amount of \$\_.00 is enclosed to cover the above fee(s).
- ☒ Please charge any additional fees or credit overpayment to Deposit Account 16 2463.  
A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,  
DEWITT & LITTON, LLP

Date

3/13/06

  
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JSK/cmu